P.A.D.R.E.

Funded by DSHS

PARENTING AWARENESS AND DRUG-RISK EDUCATION

REFERRAL FORM

Client Information: **Date:** _____

Name: _____ DOB: _____

Phone: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

☐ **Investigations**
☐ **FBSS**
☐ **CVS**

Referring Agency Name: _____ Staff name/position: _____

Address: _____

Office Phone: _____ Alt. Phone: _____

Email: _____

Referred to: **_LifeSteps "PADRE" Program_** Reason for referral: _____

_____

CLIENT IS: (check ✓) _____ ***EXPECTANT FATHER?*** _____ ***CURRENT FATHER?***

Youngest child's Date Of Birth _____

Has client had *current* or *past* involvement with DFPS? _____ **Yes** _____ **No**

Consent to share information:

I, _____ agree to allow _____
(Print name) *(Name of referring agency)*

to **share AND receive** pertinent information regarding my referral to LifeSteps for services.

_____ _____
Client Signature *Date Signed*

_____ _____
Referring Staff Signature *Date Signed*

For Office Use:

Notes: _____

_____

_____

EMAIL to: weecare@lifestepscouncil.org | Fax to: 512-869-1667
(DFPS users *must add* 1+1+512-869-1667 to fax to LifeSteps)

LifeSteps

LifeSteps Council on Alcohol and Drugs
P.O. Box 1279, Georgetown, TX 78627
512-869-2571

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